

**NC Capital Management Trust, Capital Management of the Carolinas**  
**Instructions for Authorizing Transfer of Debt Setoff Funds to Participating**  
**Local Government Entity**

**Instructions for Counties and Cities using existing NCCMT account(s):**

1. Complete receiving public government entity information on attached *Inter-Fund Transfer Authorization Form*.
2. Execute completed form by obtaining receiving entity finance officer signature.
3. Fax form to NCCMT at 704.332.4151.

**Instructions for Counties and Cities wanting an additional NCCMT account:**

1. For counties and cities wanting to establish an additional NCCMT account to receive debt setoff funds, please call 1.800.222.3232 and request a *New Account Application*.

**Instructions for Counties and Cities wanting an initial NCCMT account—process for new customers:**

1. For cities and counties without existing NCCMT accounts, please call 1.800.222.3232 and request a *New Account Application Packet*.

**The North Carolina  
Capital Management Trust**

**Inter-Fund Transfer  
Authorization Form**

**By and Between:**

**Remitting State Government Entity:**

Entity Name NC League of Municipalities and  
NC Association of County Commissioners  
Address PO Box 1488, Raleigh, NC 27602

**Receiving Public Government Entity:**

Entity Name \_\_\_\_\_  
Finance Officer \_\_\_\_\_  
Address \_\_\_\_\_

I, \_\_\_\_\_, the Finance Officer for the Receiving Public Government Entity listed above do hereby authorize the Remitting State Government Entity listed above (or his/her agents or designees) to initiate periodic inter-fund transfers of **Debt Setoff proceeds** from and into the following NCCMT accounts:

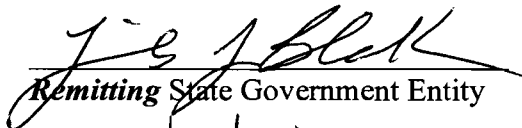
**Transfer from:** Remitting NCLM & NCACC Account # 47160734

**Transfer to:** Receiving Public Government Entity Account # \_\_\_\_\_

Should correction to a transfer initiated by the Remitting Entity be necessary, the Receiving Entity agrees to initiate the necessary correcting transfer back to the Remitting Entity. Both the Remitting and Receiving Entities assume responsibility for the internal authorization of each such transfer correction.

As to instructions received by the NCCMT, all authorizations indicated on this form will remain in effect until actual written notice of termination is received by the Trust. It is agreed that neither the Trust, Fidelity Investments Institutional Operations Company (FIIOC), Capital Management of the Carolinas, LLC, nor any of their affiliates will be liable for any loss, cost or expense for acting upon such instructions believed by it to be genuine.

**Acknowledgment and Acceptance By:**

  
Remitting State Government Entity

Date: 1/8/08

\_\_\_\_\_  
Receiving Entity Finance Officer

Date: \_\_\_\_\_

**WHEN COMPLETED, PLEASE FAX THIS FORM TO THE NCCMT AT 704-332-4151.**